

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: The Arc of Florida Dental Program
2. Date of Submission: 01/27/2016
3. House Member Sponsor(s): Clay Ingram

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	2,000,000	0	2,000,000	2,000,000	2,000,000	0	2,000,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Deborah Linton
- b. Organization: The Arc of Florida, Inc.
- c. Email: N/A
- d. Phone #: (850)921-0460

6. Organization or Name of Entity Receiving Funds:

- a. Name: The Arc of Florida, Inc.
- b. County (County where funds are to be expended) Statewide
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Arc of Florida will alleviate dental pain and suffering for 1500 Floridians with I/DD on a statewide basis during the fiscal year. This appropriation will allow The Arc of Florida to meet dental needs for persons with intellectual and developmental disabilities for an entire year. The \$4 million appropriation will allow The Arc of Florida to serve approximately 1500 individuals.

In the past, lack of access to dental care presented a major obstacle for individuals with intellectual and developmental disabilities, I/DD. The Agency for Persons with Disabilities had only been able to enroll 81 dental providers for Medicaid Wavier services. The Arc of Florida Dental Program has been able to broaden the number of dental providers willing to serve individuals with intellectual and developmental disabilities. This past year The Arc had 193 dental practices enrolled to provide services. These dental practices were located in 50 different counties but many serve multiple counties allowing The Arc Dental Program to provide statewide access to dental services.

Many of The Arc of Florida dental providers have made it a priority to serve individuals approved through this program because of its turnaround time on payments, customer services, and the ability to pay in multiple formats including credit or debit card over the phone.

Dental providers were also willing to provide ?pro bono? and reduced pricing on services to individuals referred by The Arc of Florida.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 270,000

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes